UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

34283

7590

10/17/2008

QUINTERO LAW OFFICE, PC 2210 MAIN STREET, SUITE 200 SANTA MONICA, CA 90405 EXAMINER

FREAY, CHARLES GRANT

ART UNIT PAPER NUMBER

3746 DATE MAILED: 10/17/2008

| ĺ | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 10/647,814      | 08/25/2003  | Cheng Chung Wang     | 10111953            | 2353             |

TITLE OF INVENTION: INFLATABLE PRODUCT PROVIDED WITH BUILT-IN BATTERY CASE AND SOCKET

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 01/20/2009 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPOND                                                                                                                                                                                                                                                                                                                                                     | ations.<br>DENCE ADDRESS (Note: Use Bl                                                                          | ock 1 for any change of address)                                                                                   | Not<br>Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e: A certificate of ma                                                                                      | iling can only be used f                                                                                                                  | For domestic mailings of the                                                                                                                               |
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| 34283                                                                                                                                                                                                                                                                                                                                                                  | 7590 10/17                                                                                                      | 7/2008                                                                                                             | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | cate of Mailing or Tran                                                                                                                   | emiecian                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                        | .AW OFFICE, PC<br>REET, SUITE 200<br>CA, CA 90405                                                               |                                                                                                                    | I he<br>Stat<br>add<br>tran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | reby certify that this less Postal Service with ressed to the Mail Service to the USPTO                     | rst class mail in an envelope<br>above, or being facsimile<br>date indicated below.                                                       |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                           | (Depositor's name)                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                           | (Signature)                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                           | (Date)                                                                                                                                                     |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                                                     |                                                                                                                    | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . A                                                                                                         | TTORNEY DOCKET NO.                                                                                                                        | CONFIRMATION NO.                                                                                                                                           |
| 10/647,814                                                                                                                                                                                                                                                                                                                                                             | 08/25/2003                                                                                                      |                                                                                                                    | Cheng Chung Wang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 10111953                                                                                                                                  | 2353                                                                                                                                                       |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                            | CMALL ENTERN                                                                                                    | ISSUE FEE DUE                                                                                                      | NUMBER OF THE PARTY OF THE PART | PREV. PAID ISSUE F                                                                                          | EE TOTAL EEE(S) DIN                                                                                                                       | E DATE DUE                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                        | SMALL ENTITY                                                                                                    |                                                                                                                    | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | ` '                                                                                                                                       |                                                                                                                                                            |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                              | \$1510                                                                                                             | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0<br><b>1</b>                                                                                             | \$1810                                                                                                                                    | 01/20/2009                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                        | MINER CD AND                                                                                                    | ART UNIT                                                                                                           | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | J                                                                                                           |                                                                                                                                           |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                        | RLES GRANT                                                                                                      | 3746                                                                                                               | 417-411000  2. For printing on the p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | estant front many list                                                                                      |                                                                                                                                           |                                                                                                                                                            |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                                 |                                                                                                                    | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                                                                                                                           |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                        | less an assignee is ident<br>th in 37 CFR 3.11. Comp                                                            |                                                                                                                    | THE PATENT (print or ty) data will appear on the p off a substitute for filing an (B) RESIDENCE: (CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | atent. If an assignee assignment.                                                                           |                                                                                                                                           | document has been filed for                                                                                                                                |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                               | riate assignee category or                                                                                      | categories (will not be p                                                                                          | orinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Individual 🖵 Corp                                                                                           | oration or other private gr                                                                                                               | roup entity 🗖 Government                                                                                                                                   |
| Advance Order -                                                                                                                                                                                                                                                                                                                                                        | No small entity discount  <br># of Copies                                                                       | permitted)                                                                                                         | b. Payment of Fee(s): (Plet A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rd. Form PTO-2038 is                                                                                        | attached. the required fee(s), any d                                                                                                      |                                                                                                                                                            |
| _ ~ .                                                                                                                                                                                                                                                                                                                                                                  | <b>itus</b> (from status indicate<br>ns SMALL ENTITY stati                                                      | · ·                                                                                                                | ☐ b. Applicant is no lon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ger claiming SMALL                                                                                          | ENTITY status. See 37 C                                                                                                                   | CFR 1.27(g)(2).                                                                                                                                            |
| NOTE: The Issue Fee ar                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | uired) will not be accepte                                                                                         | ed from anyone other than t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                                                                                                                           | the assignee or other party in                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                           |                                                                                                                                                            |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                           |                                                                                                                                                            |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                           |                                                                                                                                                            |
| This collection of inform<br>an application. Confider<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                                                    | ntiality is governed by 35<br>d application form to the<br>ions for reducing this bu<br>Virginia 22313-1450. DO | CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will varreden, should be sent to the DOT SEND FEES OR | ion is required to obtain or a 1.14. This collection is est y depending upon the individue Chief Information Office COMPLETED FORMS To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | retain a benefit by the timated to take 12 mir ridual case. Any commer, U.S. Patent and Traco THIS ADDRESS. | public which is to file (ar<br>nutes to complete, includi<br>nents on the amount of t<br>ademark Office, U.S. Dep<br>END TO: Commissioner | nd by the USPTO to process)<br>ing gathering, preparing, and<br>ime you require to complete<br>partment of Commerce, P.O.<br>r for Patents, P.O. Box 1450, |

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## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO. | FILING DATE   | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|-----------------|---------------|----------------------|-------------------------|------------------|--|
| 10/647,814      | 08/25/2003    | Cheng Chung Wang     | 10111953                | 2353             |  |
| 34283 75        | 90 10/17/2008 | EXAMINER             |                         |                  |  |
| QUINTERO LA     | W OFFICE, PC  | FREAY, CHARLES GRANT |                         |                  |  |
| 2210 MAIN STRE  |               | ART UNIT             | PAPER NUMBER            |                  |  |
| SANTA MONICA    | 3746          |                      |                         |                  |  |
|                 |               |                      | DATE MAILED: 10/17/2008 |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 676 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 676 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.

|                                                                                                                                                                                                                                                                                             | Application No.                                                                                               | Applicant(s)                                                         |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                             | 10/647,814                                                                                                    | WANG, CHENG CHUNG                                                    |  |  |
| Notice of Allowability                                                                                                                                                                                                                                                                      | Examiner                                                                                                      | Art Unit                                                             |  |  |
|                                                                                                                                                                                                                                                                                             | Charles G. Freay                                                                                              | 3746                                                                 |  |  |
| The MAILING DATE of this communication appear All claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT R of the Office or upon petition by the applicant. See 37 CFR 1.313 | (OR REMAINS) CLOSED in this ap<br>or other appropriate communication<br>IGHTS. This application is subject to | plication. If not included will be mailed in due course. <b>THIS</b> |  |  |
| 1. $\boxtimes$ This communication is responsive to <u>the Decision On Appe</u>                                                                                                                                                                                                              | eal of July 29, 2008.                                                                                         |                                                                      |  |  |
| 2. The allowed claim(s) is/are <u>1,2 and 5-8</u> .                                                                                                                                                                                                                                         |                                                                                                               |                                                                      |  |  |
| 3. Acknowledgment is made of a claim for foreign priority unexpense a) All b) Some* c) None of the:                                                                                                                                                                                         |                                                                                                               |                                                                      |  |  |
| <ol> <li>Certified copies of the priority documents have</li> <li>Certified copies of the priority documents have</li> </ol>                                                                                                                                                                |                                                                                                               |                                                                      |  |  |
| 3. ☐ Copies of the certified copies of the priority do                                                                                                                                                                                                                                      | • • • • • • • • • • • • • • • • • • • •                                                                       |                                                                      |  |  |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                    |                                                                                                               |                                                                      |  |  |
| * Certified copies not received:                                                                                                                                                                                                                                                            |                                                                                                               |                                                                      |  |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.  THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                  |                                                                                                               |                                                                      |  |  |
| 4. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.                                                                            |                                                                                                               |                                                                      |  |  |
| 5. CORRECTED DRAWINGS (as "replacement sheets") must be submitted.                                                                                                                                                                                                                          |                                                                                                               |                                                                      |  |  |
| (a) ☐ including changes required by the Notice of Draftsperson's Patent Drawing Review ( PTO-948) attached                                                                                                                                                                                  |                                                                                                               |                                                                      |  |  |
| 1) 🔲 hereto or 2) 🔲 to Paper No./Mail Date                                                                                                                                                                                                                                                  |                                                                                                               |                                                                      |  |  |
| (b) ☐ including changes required by the attached Examiner's Amendment / Comment or in the Office action of<br>Paper No./Mail Date                                                                                                                                                           |                                                                                                               |                                                                      |  |  |
| Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).                                             |                                                                                                               |                                                                      |  |  |
| 6. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.                                                                                             |                                                                                                               |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                      |  |  |
| Attachment(s) 1. ☑ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                     | 5. ☐ Notice of Informal F                                                                                     | Patent Application                                                   |  |  |
| 2. ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                | 6. ☐ Interview Summary                                                                                        |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                             | Paper No./Mail Dat                                                                                            | te                                                                   |  |  |
| Information Disclosure Statements (PTO/SE/08), Paper No./Mail Date                                                                                                                                                                                                                          | 7. Examiner's Amendr                                                                                          | nen/Comment                                                          |  |  |
| Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                 | 8. X Examiner's Statement of Reasons for Allowance                                                            |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                             | 9.                                                                                                            |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                      |  |  |

### **REASONS FOR ALLOWANCE**

The following is an examiner's statement of reasons for allowance: the prior art neither discloses nor makes obvious an inflatable product including an inflatable body having a socket built in the inflatable body, and a pump connected to the socket and having a body which is wholly or partially located in the socket. The Decision on Appeal rejected the requirement that an inflatable body be substantially sealed. Inflatable therefore is defined as expanding when filled with gas. The Decision on Appeal reversed the rejections with respect to Wortman and Higgs because the inflatable beds in these references include other structures and because in these mattresses the entire bed does not expand. As detailed in the Decision the inflatable bodies in Wortman would be the air cells 44 and 46 and in Higgs would be the plenum 28 because with these elements the entire body expands when filled with gas. After further review of the prior art with a consideration of this interpretation of an inflatable body the examiner found the Adams, III (USPN 4,862,533) inflatable mattress which is the closest prior art. In Adams, III there is an inflatable body (36) a socket (48, Fig. 12) and a pump having a body (124, 126 Fig. 13) the pump body is connected indirectly to the socket by tube (120) but is not wholly or partially within the socket. Thus the prior art neither discloses nor makes obvious an inflatable product including an inflatable body, a socket and a pump as claimed having the pump body wholly or partially located in the socket.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably

Art Unit: 3746

accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

### Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Charles G. Freay whose telephone number is 571-272-4827. The examiner can normally be reached on Monday through Friday 8:30 A.M. to 5:30 P.M..

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Devon Kramer can be reached on 571-272-7118. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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/Charles G Freay/ Primary Examiner Art Unit 3746

CGF October 15, 2008